<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u>

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-17-2007</u>	Address:	1/3 mile East of SR 23
Case #:	<u>13F72196</u>		and 400 North-Road side
County:	Starke		Hamlet Indiana 46532
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) ☑ Residence ☐ Hotel/Motel	
∐ Chemic ⊠ Dumpsi	al/Glassware/Equipment (only) te (only)	☐ Outbuilding ☐ Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Roadside behind tree Water Reactive Metal (Lithium): Anhydrous Ammonia: Inside of Colemen Fuel Can Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location): Improvised lab equipment			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: Hamlet Volunteer Fire Dept Health Department: Starke Co. Health Dept Child Protection Service:		Fax: <u>574-867-2221</u> Fax: <u>574-772-8035</u> Fax:	
For further information regarding this methamphetamine laboratory, contact investigating Officer: TRP Dan Tschida Phone 219-696-6242			
* This fam. in the Co. 11 of the Tourist Co.			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.